

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Paboojian et al.  Application No: 09/731,318 Confirmation No: 1028  Filed: December 6, 2000  Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS	Group Art Unit: 3734  Examiner: Mendoza, Michael G  Attorney Docket No: 53246-US-CNT[2] (NV.50.01)	June 14, 2012 San Francisco, CA 94107
--	---	--

<p>Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450</p> <p><b>Via EFS</b></p> <p><input checked="" type="checkbox"/> Response Final Office Action  <input type="checkbox"/> Response to Restriction/Election Requirement  <input type="checkbox"/> Notice of Appeal (form PTO/SB31)  <input type="checkbox"/> Drawings (Formal)  <input type="checkbox"/> Supplemental Information Disclosure Statement  <input type="checkbox"/> PTO-SB08 Form  <input type="checkbox"/> Citations  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Preliminary Amendment</p>	<p><b>Extension of Time</b></p> <p><input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;">Extension (Months)</th> <th style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$150.00</td> <td style="text-align: center;">\$75.00</td> </tr> <tr> <td style="text-align: left;"><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$560.00</td> <td style="text-align: center;">\$280.00</td> </tr> <tr> <td style="text-align: left;"><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,270.00</td> <td style="text-align: center;">\$635.00</td> </tr> <tr> <td align="right" colspan="3"><b>Total \$ <u>000</u></b></td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.</p>			Extension (Months)	Extension Fee		Large Entity	Small Entity	<input type="checkbox"/> One Month	\$150.00	\$75.00	<input type="checkbox"/> Two Months	\$560.00	\$280.00	<input type="checkbox"/> Three Months	\$1,270.00	\$635.00	<b>Total \$ <u>000</u></b>		
Extension (Months)	Extension Fee																			
	Large Entity	Small Entity																		
<input type="checkbox"/> One Month	\$150.00	\$75.00																		
<input type="checkbox"/> Two Months	\$560.00	\$280.00																		
<input type="checkbox"/> Three Months	\$1,270.00	\$635.00																		
<b>Total \$ <u>000</u></b>																				

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	18	34	0	\$60.00	\$30.00	\$0.00
Independent Claims	3	3	0	\$250.00	\$125.00	\$0.00
Multiple Dependent Claims			0	\$450.00	\$225.00	\$0.00
Information Disclosure Statement						
						Total
						<b>\$0.00</b>

<b>Fee Payment</b>	
Extension of Time	\$0.00
Fee for Extra Claim(s)	\$0.00
<b>Total</b>	<b>\$0.00</b>
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$ 0.00.	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8(a)):</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below:	
By: <u>/Amy M. Wells/</u> Date: <u>June 14, 2012</u> Amy Wells	
<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: <b>NOVARTIS</b> Corporate Intellectual Property One Health Plaza 101/2 East Hanover, NJ 07936-1080	
Respectfully Submitted,	
By: <u>/Guy V. Tucker/</u> Date: <u>June 14, 2012</u> Guy V. Tucker Registration No. 45,302	